

_____ New Installation

_____ Existing System

City of Lansing Police

Alarm Permit

740 May St. • Lansing, MI 48906 (517) 483-4469

RESIDENTS OR BUSINESS INFORMATION	_____		
	Business Name or Residents Last Name		24 hour phone _____
	Business Phone _____	Home Phone (if Residence) _____	Phone (Cell) _____
	Street Address _____		Apartment/Suite _____ Zip Code _____
	Rent/Lease _____ Own _____		
KEYHOLDER CONTACTS	1. _____		
	Name _____	24 Hour Phone _____	Home Phone _____
	2. _____		
	Name _____	24 Hour Phone _____	Home Phone _____
BUSINESS MONITORING ALARM	Alarm Company _____		
	Address _____		Phone _____
	Type of Alarm: (check all that apply)		
	Burglar _____ Holdup _____ Fire _____ Other _____		
	<i>The Lansing Police Department does not respond to Panic or Duress Alarms</i>		
	State License # _____		
ALARM INSTALLER (if different than above)	Company Name _____		Address _____ City, State, Zip _____
	State License _____		Phone _____

I furthermore state that I have read and understand all the provisions of the Lansing Alarm Ordinance and that I will abide by the regulations as contained therein.

Signature of Applicant

Date

Permission is hereby granted for the operation of the above described alarm system.

Chief of Police/Fire or Designee

Date